NOTICE OF FORM CH	ANGE NO.		DATE
TO: County Welfare Dire Supply Clerk / Forms		FROM: Forms Manage (916) 657-1907	
☐ Community Care Lice	nsing District Offices	☐ District Attorney	
☐ Private and Public Ad	option Agencies	☐ Other	
Listed below is information re	egarding a form change. O	nly applicable information is shown.	
This notice updates your Dep	partment of Social Services	County Forms Catalog.	
FORM NUMBER AND TITLE			
ORDER UNIT	☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		Obsolete
☐ No Change Permitted		ermitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MADE PROBLEM STOCK	AINTAINED AT: ices Warehouse	☐ OTHER:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIONS	S
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Destroy	
USE NEW FORM  When supply available in	DSS Warehouse	☐ Use new form effectiv	e
USE FORM IN ACCORDANCE WITH			
<ul><li>☐ All County Letter No.</li><li>☐ Other (specify)</li></ul>			

ADDITIONAL INFORMATION REGARDING FORM CHANGE

## FOSTER CARE AUDITS AND RATES BRANCH AUDIT CHECK LIST

2. Foster Care Rate Bureau's File 2.1 Obtain copy of program statement 2.2 Obtain copy of duty statements, organizational chart, and listing of board members  2.3 Obtain copy of rate application for audited period	
1. Assignment date 1.1 Assignment to Auditor-in-Charge 1.3 Determine Audit Period  2. Planning 2.1 Call provider to schedule audit and request documentation 2.2 Send engagement letter with blank SR 2As, SR 2Bs, SR 2Cs, and appropriate client lists 2.3 Make travel & lodging arrangements 2.4 Prepare travel itinerary 2.5 Obtain completed SR 2As, SR 2Bs, SR2Cs, and client lists from provider/input into automated audit program  3. CASE REVIEW  1. Contact Community Care Licensing (CCL) 1.1 Obtain Personnel Summary (LIC 500) 1.2 Obtain Department of Justice clearance (LIC 536) 1.3 Obtain Designation of Administrative Responsibilities (LIC 308) 1.4 Prepare questions for CCL  2. Foster Care Rate Bureau's File 2.1 Obtain copy of program statement 2.2 Obtain copy of duty statements, organizational chart, and listing of board members 3. Care Review of the program of the progr	
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2.4 Obtain copy of training plan (program audit)	
2.5. Obtain conv. of Program Classification Report (SR 2)	
2.6 Obtain copy of Group Home Program Cost Report (SR 3)	
2.7 Obtain copy of Group Home Program Payroll & Fringe	
Benefit Report (SR 4)	
2.8 Obtain copy of Days of Care Schedule (SR 5)	
2.9 Obtain copies of SR 2As, SR 2Bs, and SR 2Cs	
2.10 Identify a list of potential problem areas	
3. Meet with Rates Consultant	
3.1 Discuss file with Rates Consultant	
4. Brief Audit Team	
4.1 Schedule meeting with audit team	
. FIELD WORK	
1. Entrance Conference	
1.1 Attend Entrance Conference	
1.2 Advise provider of objective, goals, scope, and time frames	
1.3 Prepare Summary Of Entrance Conference	
1.4 Complete Administrator Questionnaire (SR 2 - WP)	
1.5 Obtain copy of the current organizational chart	
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1 ACKLIST (11/02)	

FC 1 ACKLIST (11/02) PAGE 1 OF 3

## FOSTER CARE AUDITS AND RATES BRANCH AUDIT CHECK LIST - CONTINUED

FIELD AUDIT  1. Child Care & Supervision 1.1 Review Records 1.1.1 Employee personnel files (experience, education, and fingerprints 1.1.2 Time sheets 1.1.3 Schedules 1.1.4 Payroll 1.1.5 Contracts 1.1.6 Copies of supporting documentation 1.2 Conduct interviews 1.3 Complete SR 2A - WPs  2. Social work 2.1 Review Records 2.1.1 Personnel files (FPs, Exp., Ed.) 2.1.2 Time sheets 2.1.3 Schedules 2.1.4 Contracts 2.1.5 Billings/invoices/payroll 2.1.6 Accounts payable 2.1.7 Daily logs 2.1.8 Copies of supporting documentation 2.2 Conduct interviews 3.3 Mental Health Treatment Services 3.1 Review Records 3.1.1 Personnel Files (License) 3.1.2 Time sheets 3.1.3 Schedules 3.1.4 Contracts 3.1.5 Billings/invoices/payroll 3.1.6 Accounts payable 3.1.7 Mental Health Treatment Services 3.1 Review Records 3.1.1 Review Records 3.1.2 Time sheets 3.1.3 Schedules 3.1.3 Schedules 3.1.4 Contracts 3.1.5 Billings/invoices/payroll 3.1.6 Accounts payableletter 3.1.7 Mental Health Verification Form 3.1.8 Review child case files, as needed 3.1.9 Daily Log 3.1.10 Copies of supporting documentation 3.2 Conduct interviews 3.3 Complete SR 2C - WPs 4. Training 4.1 Obtain and review training documentation (program audit) 5. Audit Determination 5.1 Three months audits - determine whether operated at paid RCL or complete full fiscal year audit	1.1.1 Review Records  1.1.1 Employee personnel files (experience, education, and fingerprints  1.1.2 Time sheets  1.1.3 Schedules  1.1.4 Payroll  1.1.5 Contracts  1.1.6 Copies of supporting documentation  1.2 Conduct interviews  1.3 Complete SR 2A - WPs  2. Social work  2.1 Review Records  2.1.1 Personnel files (FPs, Exp, Ed.)  2.1.2 Time sheets  2.1.3 Schedules  2.1.4 Contracts  2.1.5 Billings/invoices/payroll  2.1.6 Accounts payable  2.1.7 Daily logs  2.1.8 Copies of supporting documentation  2.2 Conduct interviews  2.3 Complete SR 2B - WPs  3. Mental Health Treatment Services  3.1 Review Records  3.1.1 Personnel Files (License)  3.1.2 Time sheets  3.1.3 Schedules  3.1.4 Contracts  3.1.5 Billings/invoices/payroll  3.1.6 Accounts payable/letter  3.1.7 Mental Health Verification Form  3.1.8 Review child case files, as needed  3.1.9 Daily Log  3.1.10 Copies of supporting documentation  3.2 Conduct interviews  3.3 Complete SR 2C - WPs  4. Training  4.1 Obtain and review training documentation (program audit)  5. Audit Determination  5.1 Three months audits - determine whether operated at paid RCL		AUDIT PROGRAM	DATE	INITIALS
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## FOSTER CARE AUDITS AND RATES BRANCH AUDIT CHECK LIST - CONTINUED

	AUDIT PROGRAM	DATE	INITIALS
D. FI	ELD AUDIT - Continued		
6.	Summarize Spreadsheets		
٠.	6.1 Complete SR 2As, SR 2Bs, and SR 2Cs		
	6.2 Complete SR 2G/2H or 2P		
	6.3 Complete proportionality worksheet (for program		
	audit overpayment only)		
. G	ROUP HOME PROGRAM COSTS REPORT (SR 2)		
1.	Review and verify the group home shelter cost declaration,		
	accounts payable records, and board minutes to ensure provider		
	is in compliance with regulations concerning self-dealing transactions		
	including affiliated leases		
	OCUMENT AUDIT ISSUES		
1.	Point Sheets		
	1.1 Prepare point sheet for each finding		
3. CI	LOSING		
1.	Exit Conference		
	1.1 Attend Exit Conference		
	1.2 Discuss findings		
	1.3 Discuss grace period and additional documentation		
	requirements (if any), and final audit report		
	1.4 Address appearingnis		
2.			
	2.1 Provide copies of SR 2As, SR 2Bs, SR2Cs, SR 2H		
	(current month program audit), SR 2G (program audit),		
	or SR 2P (provisional rate audit)		
	2.2 Prepare and provide proportionality worksheet		
	(program audit if overpayment)		
	2.5 Obtain a signed Record of Exit Conference worksneet		
	NAL AUDIT REPORT		
1.	Additional Data Submitted		
2.	Final Audit Report		
	2.1 Draft audit report		
	2.2 Complete a supervisory review		
	2.3 Obtain a Quality Control review		
	2.4 Complete and bind workpapers		-
	2.5 Distribute report		
	2.6 Refer for corrective action as needed		
3.	Organize workpapers and label and index audit files in box		
4.	Copy Final Audit Report and spreadsheets to computer system		

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